

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B. 20054-5-6		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

59573
MD 675 5-30-00
10-30-00

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral)	Canceled	Appeal
:		Restricted	Objected

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
51		51		101	
52		52		102	
53		53		103	
54		54		104	
55		55		105	
56		56		106	
57		57		107	
58		58		108	
59		59		109	
60		60		110	
61		61		111	
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67		67		117	
68		68		118	
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82		82		132	
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84		84		134	
85		85		135	
86		86		136	
87		87		137	
88		88		138	
89		89		139	
90		90		140	
91		91		141	
92		92		142	
93		93		143	
94		94		144	
95					

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
type on additional sheet(s)